

MANUFACTURED HOUSING & THIRD-PARTY INSPECTIONS CONSUMER COMPLAINT
NORTH DAKOTA DIVISION OF COMMUNITY SERVICES
SFN 53819 (07/08)

Date	<input type="checkbox"/> Manufactured Home <input type="checkbox"/> Modular Building <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		
PART A (Consumer's Name)			
Last	First		Middle
Street Address		Mailing Address	
City	State		Zip
Home Phone	Work Phone		Fax
PART B			
Manufacturer			
Manufacturer's Address			
City	State		Zip
Telephone Number		Date of Manufacture	
Plant Name		Date Purchased	
PART C (For Manufactured Homes) <input type="checkbox"/> Single Wide <input type="checkbox"/> Double Wide <input type="checkbox"/> Other			
HUD Label Nos.	Serial Number		Model
PART D (For Modular Buildings)			
IBC Label Number(s)	Serial Number(s)		Model
PART E			
1. Have you previously filed a complaint form? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify when, where and provide complaint/case if know.			
2. Did you contact the dealer? <input type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact was written <input type="checkbox"/> Verbal (phone) <input type="checkbox"/> Or in person <input type="checkbox"/> Both <input type="checkbox"/>			

PART F (List Problems)

Additional Comments

Signature

Date

Send To: **Cal Steiner**
Department of Commerce
Division of Community Services
1600 East Century Avenue, Suite 2
PO Box 2057
Bismarck, ND 58502-2057